

SCHUYLKILL Co.

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

United States of America

DEFENDANT

East Norwegian Township Fire Company

COURT CASE NUMBER

17-01000

TYPE OF PROCESS
HANDBILLSERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

East Norwegian Township Fire Company

ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)
16 Sunshine Street Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW

KML Law Group, P.C.
701 Market
Suite 5000
Philadelphia, PA 19106

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Addresses
All Telephone Numbers and Estimated Times Available for Service)FILED
HARRISBURG, PA

Please post premises by 1/6/2018.

DEC 21 2017

Re: ADA

Signature of Attorney other Originator requesting service behalf of: PLAINTIFF DEFENDANT TELEPHONE NUMBER 215-627-1322 DATE 11/21/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin District to Serve Signature of Authorized USMS Deputy or Clerk Date
1 No. 67 No. 67 *Ben G. DFC* 11/21/17I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode
N/AAddress (complete only if different than shown above) Date Time
12/20/17 14:30 am pm
Signature of U.S. Marshal or Deputy *M. Little DUSM*Service Fee Total Mileage Charges including end or not Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or (Amount of Refund)
\$165.00 *.54 x 110 = \$59.40* *\$* *\$165.00 + \$59.40 = \$124.40* *\$* *\$0.00* *\$124.40*

REMARKS:

Posted Property

PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED